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Version 2.1

ICOPE

INTEGRATED CARE FOR OLDER PEOPLE

Vitality

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Learning objectives

By the end of this module, you will be able to:

- Explain the care pathways for managing undernutrition in older people
- Explain how to assess the nutritional status of older people
- List the interventions that can improve nutritional status in older people, both in primary care and in the community
- Explain how to manage conditions associated with undernutrition and provide a supporting environment

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Understanding vitality

WHO uses the term “vitality” to refer to the physiological factors that contribute to a person’s intrinsic capacity, including energy balance and metabolism.

This module centres on a key manifestation of reduced vitality in older age: undernutrition.

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Care pathway to manage undernutrition

ASSESS (BASIC)

PASS

FAIL

Regardless of result:

- Provide health and lifestyle advice,
- including advice on good nutrition,
- hydration and locally available foods
- Promote oral health
- Conduct basic assessment regularly

IF MALNOURISHED

- Provide personalized diet advice
- Provide oral supplemental nutrition* with increased protein intake (400–600 kcal/day)
- Monitor dietary intake and body weight closely

IF AT RISK OF UNDERNUTRITION

- Provide personalized diet advice
- Record and adapt eating patterns
- Monitor weight closely
- Consider multimodal exercise
- Consider oral supplemental nutrition*
- **if unable to improve food intake**

IF NORMAL
(or low risk of undernutrition)

- Provide advice on hydration
- and locally available foods
- Promote oral health

A

Assess
nutritional status

ASSESS (IN-DEPTH) A, B and C

(A, B and C can be assessed in any order)

B

Assess
or diseases and risk factors

- Sarcopenia
- Gastrointestinal conditions
- Oral diseases and issues with chewing or swallowing
- **Consider potential interventions**

C

Assess
social and physical environments

- Social eating habits
- Social care and support needs (access, preparation and provision of food and drinks)
- Need for assistive products (eating and drinking aids, dentures)
- Carers' support needs
- **Consider potential interventions**

Consolidate interventions, considering results of A, B and C

DEVELOP a care plan

IMPLEMENT & MONITOR

Reassess

Assessment of nutritional status

Examples of instruments to determine the risk of undernutrition without a blood test:

- Mini Nutritional Assessment (MNA)
- Malnutrition Universal Screening Tool (MUST)
- Seniors in the Community Risk Evaluation for Eating and Nutrition questionnaire, version II (SCREEN II)
- Short Nutritional Assessment Questionnaire 65+ (SNAQ65+)

Be cautious when using BMI to evaluate older persons, as body composition varies with age.

Look for symptoms of dehydration:

- Dryness of the mouth, lips and tongue
- Sunken eyes
- Constipation
- Less frequent urination
- Tachycardia
- Headaches
- Weakness
- Confusion
- Dizziness

Be aware that an older person may not show typical clinical symptoms or signs.

Health and lifestyle advice

For all older people

- Food hygiene
- Eating enough, hydration
- Suggest locally available and easily accessible foods rich in proteins
- Family-style meals and social dining
- Doing physical activity
- Safe exposure to sunlight

For older people with (potential) undernutrition

- Encourage keeping a daily log of their food and drink intake.

Promote oral health

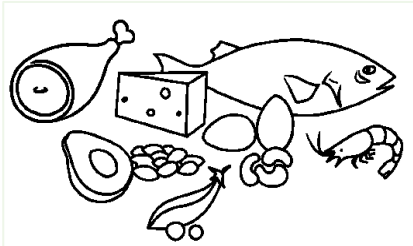
- Brush teeth twice a day with fluoride toothpaste (1000–1500 ppm) after breakfast and before bed.
- For edentulous individuals, gently brush gums and tongue with a soft toothbrush.
- Limit free sugar intake.
- Stop all tobacco use, including chewing areca nuts and betel quid.

Community-based health care

High-protein diet

Proteins play a crucial role in muscle development and immune function.

- In cases of undernutrition, individuals should aim for a daily protein intake of 1.0–1.2 grams per kilogram of body weight.
- Individuals recovering from weight loss, an acute illness or an injury may need an increased daily protein intake of up to 1.5 grams per kilogram of body weight.
- It is important to seek guidance on safely increasing physical activity to complement the higher protein intake.



Suggest locally available and easily accessible foods.

High-protein foods (> 20 g per 100 g), such as legumes, seeds, cereals, cheese, meat and fish

Use a food composition table to identify local foods rich in protein and micronutrients.

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Interventions to manage undernutrition

For all older persons

- Provide advice on hydration and locally available foods.
- Promote oral health.

At risk of undernutrition

- Provide personalized dietary advice.
- Record and adapt eating patterns.
- Monitor weight regularly.
- Consider oral supplementation.

Undernourished

- Provide personalized dietary advice.
- Provide oral supplementation with increased protein intake.
- Monitor dietary intake and weight.

When specialized knowledge is needed

- Management of gastrointestinal symptoms (e.g., chronic vomiting, diarrhoea, abdominal pain)
- Management of malnutrition in the presence of catabolic conditions
- Oral diseases and issues with chewing and swallowing

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Additional interventions to improve nutritional status

Hydration

- Advise on keeping track of fluid consumption.
- Set a daily fluid intake goal (i.e., 1.6–2.0 litres per day).
- Encourage keeping a supply of fluids to hand.

Multimodal exercise

In case of obesity (i.e., altered vitality capacity)

- Assess weight regularly.
- Provide counselling on a healthy diet and lifestyle.
- Monitor cardiovascular risk factors and metabolic conditions.

Interventions for diseases and risk factors

Sarcopenia

- Interventions for underlying diseases and risk factors.
- Ensure proper daily dietary intake of proteins.

Gastrointestinal conditions

Assess and manage gastrointestinal conditions.

Oral conditions

- Manage oral diseases, such as gum disease or tooth decay.
- Advice on consistency and texture of drink and food (e.g., chopped, minced, pureed) as needed.

Interventions for social and physical environment

Social eating habits	Encourage family and social dining in the community.
Need for assistive products	Provide guidance on the optimal positioning and help with feeding.
Social care and support needs	Provide assistance with access, preparation and the provision of food and drinks.
Carer's support needs	• Provide eating and drinking aids, as well as dentures. • Provide advice on food preparation, feeding and drinking.

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Summary

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- Health workers can easily assess nutritional status in the community.
- A diet that includes tailored amounts of protein from locally available protein-rich foods is essential for older people.
- Older people should be encouraged to stay hydrated.
- Ensure oral health as part of routine care for older people.
- Oral nutritional supplementation should be considered for individuals with undernutrition.
- Eating together at home or in community groups can promote healthier eating and reduce isolation.

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